



CITY BUSINESS LICENSE FAX WORKSHEET & CREDIT CARD AUTHORIZATION

(CALIFORNIA STATE LICENSED CONTRACTORS ONLY)

ALL applicable spaces on this 2 page worksheet must be filled out completely or it can not be accepted for processing. Please print legibly in ink or type in the application. You can submit this form by fax or e-mail at PSCApplication@ci.glendale.ca.us

<input type="checkbox"/> Renewal	<input type="checkbox"/> First Time in Glendale	DATE: _____
STATE LICENSE NUMBER: _____		
Please provide a copy of State Contractor's License Pocket Card.		
FULL BUSINESS NAME (as shown on contractor's card): _____		
BUSINESS MAILING ADDRESS: _____	City _____	State _____ ZIP code _____
BUSINESS PHONE NUMBER ()	4. BUSINESS FAX NUMBER ()	
E-Mail address _____		

CLASSIFICATIONS

If you have several classifications, please check the Classification you need at this time)

TYPE	DESCRIPTION	EXPIRATION DATE:
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

CITY BUSINESS LICENSE FEES:

See page no. 2 of this worksheet for fees

CARD ACCEPTED



CREDIT CARD DETAILS:

Name as it appears on the Credit Card: _____				
Street Address _____	City _____	State _____	Zip code _____	
Payee's Address Information: _____				
Credit Card Number: _____				
Expiration Date: _____				

The undersigned gives the City of Glendale Building & Safety Division permission to accept a facsimile of my signature on faxed or e-mail application in lieu of my "in person" signature at your office. I hereby certify that I will comply with any and all declarations and agreements on the faxed/e-mailed license application that bears my signature.

CONTRACTOR'S SIGNATURE:

Print: _____ Sign: _____ Date: _____

WORKER'S COMPENSATIONS DECLARATIONS:

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, my workers' compensation
 INITIAL insurance carrier and policy number are:

Carrier _____ Policy No. _____ Exp. Date _____

Name of Agent _____ Tel. No. _____

Please provide a copy of your worker's compensation certificate

I certify that, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree
 INITIAL that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

FINAL DECLARATION:

I certify that I have read this application and state that the above information is correct. I agree to comply with all City and County ordinances and State laws relating to building construction.

Print: _____ Sign: _____ Date: _____

	Contractor Type	Fee*
As of January 1 st	A-General Engineering	\$ 356.14
	B-General Contractor	\$ 237.76
	C-Specialty Contractor	\$ 119.38
As of April 1 st	A-General Engineering	\$ 267.36
	B-General Contractor	\$ 178.57
	C-Specialty Contractor	\$ 89.79
As of July 1 st	A-General Engineering	\$ 178.57
	B-General Contractor	\$ 119.38
	C-Specialty Contractor	\$ 60.19
As of October 1 st	A-General Engineering	\$ 89.79
	B-General Contractor	\$ 60.19
	C-Specialty Contractor	\$ 30.60

Note: DSA And Building Technology Surcharges have been applied to each listed fee.